

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000000305

1. Entity Name
THE JEWELRY BAG, L.L.C.



Principal Place of Business
**6665 SKYLINE DR.
DELRAY BEACH, FL 33446**

Mailing Address
**6665 SKYLINE DR.
DELRAY BEACH, FL 33446**



01212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
28-0002541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRY, MARK A ESQ.
PERRY & KERN, P.A.
50 S.E. 4TH AVE.
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAZZONI, PATRICIA A
6665 SKYLINE DR.
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHRAMKO, PATRICE
905 SE 4TH ST
BOYNTON BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000600473
01/26/07-80011-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Patricia A. Mazzoni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MGRM 1/24/07

Date

561-638-0681

Daytime Phone #